New York State ID/DD Nurses Association

**NYSIDDDNA 2023 Annual Conference**

**EXHIBITOR REGISTRATION FORM**

|  |
| --- |
| **Information about Organization Conducting this Activity** |
| **Individual Activity Applicant** | **New York State ID/DD Nurses Association (NYSIDDDNA)***NYSIDDDNA Tax ID # 22-2570251* |
| **Contact for Individual Activity Applicant** (i.e., name, address, phone, email) | Linda Dudman, NYSIDDDNA Planning ManagerBox 25832, Rochester, NY 14625646-812-2148 | information@nysidddna.org  |
| **Title of Educational Activity** | **NYSIDDDNA 2023 Annual Conference** |
| **Date(s):** | September 11-13, 2023 |
| **Location:** | Albany Marriott, Albany, NY |
| **Information about Exhibiting Organization** |
| **Exhibiting Organization** |  |
| **Primary Contact** (i.e., name, address, phone email) |  |
| **Exhibitor(s) Attending NYSIDDNA Annual Conference** if different from Primary Contact. Include name and contact Information (i.e., email, phone, and address) |  |
| **Information for Exhibitors:*** **Registration Fee:** $525 if paid by July 31, 2023 / $625 if paid after July 31, 2023
* **Registration Fee includes:** Display table, lunch on Tuesday for one representative. Meals can be purchased for additional representatives. Contact the NYSIDDDNA Planning Manager at information@nysidddna.org.
* **Payment:** Fees are due with the registration form. Make check payable to NYS ID/DD Nurses Association and mail with this form to NYSIDDDNA, P.O. Box 25832, Rochester, NY 14625. If preferred, payment can be made by PayPal. The link will be available on the Annual Conference page on the NYSIDDDNA website.
* **Description of Your Company:** Send a description of your company that you would like to appear in conference materials to information@nysidddna.org.
* **NYSIDDDNA Exhibitor Policies:** Please read the policies listed on page 2 of this form.
 |

|  |
| --- |
| **SIGNATURE / DATE** |
| By typing my name below, I am providing my electronic signature confirming that I am duly authorized to enter into agreements on behalf of my organization. My signature indicates agreement of the terms and conditions listed in the Exhibitor Agreement above. |
|  | **SIGNATURE** | **DATE** |
| **Exhibitor Representative** |  |  |

|  |
| --- |
| **NYSIDDDNA 2023 Exhibitor Policies**  |
| Only exhibits relating to nursing or medical care of clients with intellectual or developmental disabilities and those relative to general nursing practice are allowed. The NYS ID/DD Nurses Association Conference Planning Committee in its sole discretion determines eligibility of any company or product for exhibit if there is a question regarding the appropriateness.* Subletting space is not permitted. Two or more companies may not exhibit in a single space unless arrangements are made in advance with the conference planner.
* All exhibit material must conform to fire regulations and electrical codes of the exhibit hall.
* Exhibitors with audible electric devices, sound motion pictures, or other exhibits or devices which might prove objectionable to other exhibitors may be required to accept booth assignments that diminish reasonable objections.
* This is a smoke free conference.

By exhibiting at the Conference, exhibitors hereby grant the NYS ID/DD Nurses Association a fully paid, perpetual, nonexclusive license to use, display, and reproduce the name of the exhibitor in any directory listing of the exhibiting companies at the Conference and to use such names in promotional materials. * The NYS ID/DD Nurses Association will not be liable for any errors in any listing or descriptions or omitting an exhibitor from the directory or other list or materials.
* Exhibitors shall not use the NYS ID/DD Nurses Association name and logo on any collateral material.

Exhibiting, promotion, or marketing of companies or their products or services must not occur in the educational space (where learner is engaging with educational content, material, or faculty) within 30 minutes before or after an accredited education activity.Property of the Exhibitor is the sole responsibility of the Exhibitor and/or its owner. The Exhibitor agrees that it has procured sufficient insurance to cover the loss of such property and waives any claims under the NYS ID/DD Nurses Association insurance policy for loss of the Exhibitor property. The NYS ID/DD Nurses Association, its officers and members, and/or the NYS ID/DD Nurses Association Planning Manager shall not be responsible for any loss or damage to property or injury that may occur to the exhibitor’s employees from any cause whatsoever, prior, during, or subsequent to the period covered by the exhibit. * The exhibitor expressly releases NYS ID/DD Nurses Association, its officers and members, and/or the NYS ID/DD Nurses Association Planning Manager from and agrees to indemnify same, against any and all claims for such loss, damages, or injury.
* Exhibitors will be responsible for any damages to hotel property.

The conference and associated exhibit hours may be cancelled by NYS ID/DD Nurses Association without notice. In the event of such cancellation, the exhibitor fee shall be refunded.Any exhibitor wishing to ship materials in advance of the conference should make arrangements directly with the Albany Marriott. NYS ID/DD Nurses Association, its officers and members, and/or the NYS ID/DD Nurses Association Planning Manager are not responsible for any such arrangements, transport of exhibitor materials on site, or security/storage of materials. |

**NYS ID/DD Nurses Association**

**P.O. Box 25832 | Rochester, New York 14625**

**HAVE QUESTIONS?** Email information@nysidddna.org